

## The Right Decision at the Right Time

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“Mr H. passed away yesterday.”

It was the first time I was able to check my inbox during the busy clinic morning when I saw the message. Even though this was the expected outcome, I took a moment to reflect on my own sadness. No more, “Just calling to check up on you” phone calls. No more “Marry Christmas” cards with his misspelled salutations. After composing myself, I called his daughter to extend my condolences.

The first time I met Mr H. was several years ago. He sauntered into my rural Appalachian clinic with his leather vest, cowboy boots, and cowboy hat, and had the polite mannerisms characteristic of southern hospitality. “Hello, doc. It’s nice to meet you.” He occasionally brought me and my nurse tomatoes and cucumbers from his family garden. He would proudly hand me the produce in a plastic grocery bag, grinning from ear to ear, “I brought you something, doc.” As the years went by and Mr H. felt more comfortable with me, he would pray over me after each visit. Placing his hand over my hand or on my shoulder, he would bow his head and pray, “Lord, I want to thank you for this lady here and the excellent care she provides me.”

When asked about his history at a typical wellness visit, it was clear to see he suffered from several health issues including chronic pain, diabetes, hypertension, and chronic obstructive pulmonary disease (COPD).

“How is your diet, Mr H.?”

“I eat pretty good, doc. When she can, my daughter fixes me biscuits and gravy, soup beans, and fried taters or garden vegetables. When she can’t cook, I’ll get me a burger or fix myself a sandwich.”

“Are you still smoking?”

“I’m trying to cut down. I started around 8-years-old and have smoked a pack a day since then. It’s hard to quit, doc! Them patches you gave me before didn’t work, and Chantix gave me wild dreams.”

As the years progressed, he had a slow, steady decline, followed by 2 years of rapid deterioration with several emergency room visits and hospital admissions from pneumonia and COPD exacerbations. At his last office visit he confided in me that he was tired. Sitting with his hands folded and his eyes fixed on the floor, he wearily stated, “I don’t want to go back to the hospital no more, doc.” That was when I knew he no longer wanted aggressive treatments and was an appropriate candidate for hospice.

I called his daughter, who was his power of attorney and primary caregiver, to discuss my recommendations. “I think your father would be a good candidate for hospice.” At first, she was hesitant due to her belief that hospice was a death sentence. But after explaining the benefits of hospice and how her father could be home and comfortable, a consultation was arranged. “He wanted me to let you know,” she later called to notify me, “Daddy made the decision to go into hospice.”

Shortly after Mr H. enrolled in hospice, he developed pneumonia again and decided not to go to the hospital. “Daddy died peacefully at home surrounded by his family like he wanted,” his daughter told me on the phone. “Hospice,” she noted, “was the right decision at the right time.” Even though I miss Mr H., I am comforted knowing that I supported his decisions and had a part in giving him some kind of control over an otherwise uncontrollable situation.